

02/14/02

U.S. PTO

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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	24200
	First Named Inventor	OSES
	Original Patent Number	6,265,373
	Original Patent Issue Date (Month/Day/Year)	July 24, 2001
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbonded Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate).	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other:
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

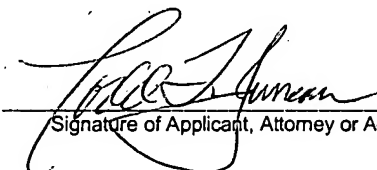
18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label 20529 (Insert Customer No. or Attach bar code label here)				<input type="checkbox"/> Correspondence address below	
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Signature	Todd L. Jurek	Date	14 FEB 02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 24200		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 11	Total Claims (37 CFR 1.16(j))	(B) 11	**** 0 =	x \$ 1 =		or	x \$ 18 = 0	
(C) 6	Independent claims (37 CFR 1.16(i))	(D) 6	* 0 =	x \$ _____ =			x \$ 84 = 0	
Basic Fee (37 CFR 1.16(h))						\$ _____	OR	\$ 740
Total Filing Fee						\$ _____		\$ 740
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 11	MINUS	** 20	* 0	x \$ _____ =		x \$ _____ = 0	
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 6	= 0	x \$ _____ =		x \$ _____ = 0	
Total Additional Fee						\$ _____	OR	\$ 0
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>14-0112</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>740.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>14 Feb. 02</u> Date.</p> </div> <div style="width: 45%; text-align: center;">  Signature of Applicant, Attorney or Agent of Record <u>TODD L. JUNEAU</u> Typed or printed name </div> </div>								

02/14/02
J1132 U.S. PTO

BOX REISSUE

Attorney Docket No. 24200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

OSSES et. al

U.S. Patent No. 6,265,373

Issued: July 24, 2001

For: **COMPOSITION COMPRISING A MIXTURE OF ALKOXYLATED MONO-, DI- AND TRIGLYCERIDES AND GLYCERINE**

TRANSMITTAL LETTER

Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith for filing in the U.S. Patent and Trademark Office is the following:

- (1) Transmittal Letter;
- (2) Reissue Patent Application Transmittal Form PTO/SB/50;
- (3) Reissue Application Fee Transmittal Form PTO/SB/56;
- (4) Reissue Application;
- (5) Unexecuted Reissue Declaration;
- (6) Unexecuted Consent of Assignee;
- (7) Unexecuted Statement Under 37 CFR 3.73(b);
- (8) Preliminary Amendment;
- (9) Appendix A;
- (10) Appendix B;
- (11) Appendix C;
- (12) Appendix D;
- (13) Check No. 16217 for \$740.00 for Reissue Filing Fee; and
- (14) Early Notification Postcard.

Please charge any fee deficiency, or credit any overpayment, in connection with this matter to Deposit Account No. 14-0112.

Respectfully submitted,
NATH & ASSOCIATES PLLC

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